



**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA , 22313-1450 on January 12, 2005

Jeannie Camara

(Typed or Printed Name of Person Mailing Paper or Fee)

Jeannie Camara  
(Signature of Person Mailing Paper or Fee)

**PATENT APPLICATION**  
**Attorney Docket No. SUN-P6446-SPL**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE PATENT APPLICATION OF )  
G. William Walster ) Examiner: Do, Chat C.  
Serial No. 10/017,574 ) Group Art Unit: 2124  
Filing Date: December 13, 2001 )  
Title: APPLYING TERM CONSISTENCY TO AN )  
INEQUALITY CONSTRAINED INTERVAL )  
GLOBAL OPTIMIZATION PROBLEM )

**AMENDMENT TRANSMITTAL LETTER**

Mail Stop: Non-Fee Amendment  
Assistant Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed December 30, 2004.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
  - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☒ Information disclosure statement, form 1449 and 9 references.
- ☒ No additional claims fees are required.

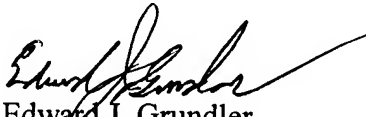
☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDTL FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
<b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>					<b>\$0.00</b>

- ☐ A check in the amount of \$\_\_\_\_ is enclosed.
- ☐ Charge \$\_\_\_\_ to Deposit Account No. \_\_\_\_ (Docket No. \_\_\_\_).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P6446).

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Respectfully submitted,

By   
Edward J. Grundler  
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Date: January 12, 2005